2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2005 8:00 am Secretary of State DOCUMENT # N50604 04-19-2005 90376 043 ****61.25 1. Entity Name VILLAS AT CROSS CREEK OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address SIGNATURE REALTY & MGMT. 4003 HARTLEY RD. 4003 HARTLEY RD. JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01192005 CR2E037 (10/03) Cha-NP Applied For 4. FEI Number 59-3153923 City & State City & State Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARTLEY RD. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32257 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agunt signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Δ. Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DP TRAY WhITAKER Delete ☐ Change TITLE TITLE Addition NAME MORGAN, GORDON NAME 274 CARRIANN COVE CT STREET ADDRESS 12352 CARRIANN COVE TRL S. STREET ADDRESS JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 CITY-ST-ZIP CITY+ST-7(P Randolph Knipfer 12342 Mastin Cove Rd Tacksonville, FL 32225 DVP TITLE Delete TITLE ☐ Change Addition MORGAN, SUSAN NAME STREET ADDRESS 12352 CARRIANN COVE TRL. S STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP RUSTIN MCTNTOSH TANE MCINTOSH 346 SILENT BROOK TRAIL D\$T__ JULE TITLE Addition Delete BAWEYN, CANTZ NAME NAMI-

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section ±19.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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(Trasurer)